

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH			Death Number	Local File Number	1. State File Number 2020GA000033640
2. CHILD'S NAME: FIRST 3. MIDDLE 4. LAST 5. JR., III, ETC. FRANCIS PRAISEGOD KALEJAIYE				6. SEX (M or F) MALE	7. DATE OF BIRTH (Mo., Day, Year) 04/07/2020
8. TIME OF BIRTH 16:34 MILITARY	9. THIS BIRTH (Single, Twin, Triplet, Etc.) SINGLE		10. IF NOT SINGLE SPECIFY BIRTH ORDER		
11. CITY, TOWN, OR LOCATION OF BIRTH SNELLVILLE			12. HOSPITAL FACILITY NAME (If not Hospital, give street and Number.) EASTSIDE MEDICAL CENTER		
13. IF NOT HOSPITAL, Specify			14. COUNTY OF BIRTH GWINNETT		
15. MOTHER'S NAME FIRST 16. MIDDLE 17. LAST CHIDI D IKEOKWU				18. MAIDEN (Last Name) IKEOKWU	
19. DATE OF BIRTH (Month, Day, Year) 05/22/1982		20. STATE OF BIRTH (If not U.S.A., Name Country) CALIFORNIA		21. RESIDENCE - STATE GEORGIA	
				22. COUNTY GWINNETT	
23. CITY, TOWN OR LOCATION DULUTH			24. STREET AND NUMBER OF RESIDENCE 1222 AUTUMN VILLAGE COURT		
25. MOTHER'S MAILING ADDRESS 1222 AUTUMN VILLAGE COURT DULUTH GEORGIA 30096				26. RESIDENCE INSIDE CITY LIMITS? (yes or No) YES	
27. FATHER'S NAME FIRST 28. MIDDLE 29. LAST, JR., ETC. OLAYEMI FELIX KALEJAIYE				30. DATE OF BIRTH (Month, Day, Year) 05/22/1982	
				31. STATE OF BIRTH (If not U.S.A., Name Country) NIGERIA	
32a. INFORMANT'S NAME (Type or Print) CHIDI D IKEOKWU		32b. RELATION TO CHILD MOTHER		33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER (Yes or No) YES	
34. CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) Electronically signed by /S/ YOLANDA M. BOWERS		35. DATE SIGNED (Mo., Day, Year) 04/14/2020		36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) GERTRUDE N ANYAKWO 37. (Title) MD	
38. CERTIFIER (Type or Print) (Name) YOLANDA M. BOWERS (Title) HOSPITAL STAFF		39. PHYSICIAN'S MEDICAL LIC. NO.		40. CERTIFIER MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1700 MEDICAL WAY SNELLVILLE GEORGIA 30078	
41. REGISTRAR (Signature) Electronically signed by /S/ CHRISTOPHER JP HARRISON		42. DATE RECEIVED BY STATE REGISTRAR (Mo., Day, Year) 04/14/2020			

GEORGIA DEPARTMENT OF PUBLIC HEALTH, VITAL RECORDS SERVICE

Form 3901A (Rev. 01/2013)

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6556384
Christopher J Harrison
 State Registrar

Gertrude N Anyakwo
 County Registrar

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.



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